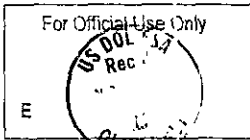


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13031</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>RAUL</u> <u>VELARDE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>900 EAST MOUNTAIN</u> City <u>LAS CRUCES</u> State <u>NEW MEXICO</u> ZIP Code + 4 <u>88001</u>	4. Name, file number, and address of labor organization. Name <u>LIUNA LOCAL UNION NO. 16</u> Labor Organization File Number <u>000345</u> P.O. Box, Building and Room Number, if any _____ Street <u>1630 SAN PEDRO DR. NE</u> City <u>ALBUQUERQUE</u> State <u>NEW MEXICO</u> ZIP Code + 4 <u>87110</u>
5. Position in labor organization. <u>FIELD AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed QUILL

On 8-9-05
Date

(505) 644-0172
Telephone Number

Name of Person Filing

PAUL VELARDE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NEW MEXICO + WEST TEXAS MULTI-CRAFT
HEALTH + WELFARE

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any P.O. BOX 11329

Street: _____

City ALBUQUERQUEState NEW MEXICO ZIP Code + 4 87192

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SAME AS ABOVE

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

11.a. Nature of such dealing.

6/13/04 - 6/16/04 HEALTH + WELFARE
CONFERENCE10/6/04 - TRAVEL: FLUID MEETING

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

6/13/04 - 6/16/04 MEALS, HOTEL, AIRFARE
TRANSPORTATION \$ 873.1310/6/04 AIRFARE # 115.20

12.b. Amount.

\$1988.33

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

NEW MEXICO & WEST TEXAS MULTI-CRAFT
HEALTH AND WELFARE PRIMARY ACCOUNT
P.O. BOX 11399, ALBUQUERQUE, NEW MEXICO 87192 (505) 262-1921

VOID AFTER SIX MONTHS OF ISSUE

95-8877
3070

NO 007476

UNION SAVINGS BANK

Apr 12 04

P.O. BOX 97000
ALBUQUERQUE, NM 87199-7000

PAY THE AMOUNT OF

***** Five Hundred and 00/100 *****

*****\$500.00*

TO THE ORDER OF

RAUL VELARDE

Fidel Amunoz
E. B. Watson Jr.

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK ON REVERSE SIDE

⑈007476⑈ ⑈307088770⑈001⑈000296 6⑈

tear here

tear here

tear here

tear here

tear here

tear here

tear here

↑ DETACH AT PERFORATION ↓

MULTICRAFT HEALTH & WELFARE

VENDOR# VENDOR NAME
VELRAU RAUL VELARDE

CHECK DATE CHECK#
Apr 12 04 07476

REFERENCE	INVOICE#	DESCRIPTION	DATE	AMOUNT
	61316	LAKE TAHO CONF.	Apr 9 04	500.00

988.33 REPORTING

CONF DATES JUNE 13-16, 2004

TOTAL

500.00

IN ACCORDANCE WITH ERISA, YOU MAY APPEAL TO THE ADMINISTRATOR FOR RECONSIDERATION OF ANY DENIED PORTION OF THIS CLAIM WITHIN SIXTY (60) DAYS. WRITE TO THE ADMINISTRATION OFFICE, ADDRESS ABOVE, STATING THE REASON YOU BELIEVE YOUR CLAIM SHOULD BE PAID. ATTACHING ANY DOCUMENTATION TO SUPPORT YOUR APPEAL. THE ADMINISTRATION WILL CONSIDER YOUR APPEAL AND RESPOND WITHIN SIXTY (60) DAYS FROM THE DATE YOUR APPEAL WAS RECEIVED (OR WITHIN 120 DAYS UNDER SPECIAL CIRCUMSTANCES).

Processed by CompuSys/Erisa
Group of Companies

Albuquerque Austin Denver El Paso
Houston Phoenix Salt Lake City Santa Fe Tucson CF

TRUSTEE EXPENSE VOUCHER

RECEIVED NOV 8 2004

New Mexico & West TX Multi-Craft H&W
(Name of Trust Fund(s))

IS VOUCHER IS FOR:

EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT _____ ON _____
(Location) (Date(s))EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT CAESARS TAHOE STATELINE, NV
(Location)ON 6-13-04 SPONSORED BY INTERNATIONAL FOUNDATION
(Session Date(s)) (Meeting Sponsor)OTHER: _____
(Describe Reason for Incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE 6-13-04 DATE OF RETURN 6-16-04☐ PRIVATE AUTOMOBILE _____ MILES AT _____ PER MILE \$ _____☒ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \$ 330.40 ✓☒ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ 278.58 ✓

HOTEL OR MOTEL:

☒ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ 108.70 ✓

MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \$ —

DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ 155.45 ✓TOTAL EXPENSES \$ 873.13 ✓

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 873.13LESS: THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ 500.00 ✓

EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. \$ —

OR

☒ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT \$ 373.13 ✓

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

Quil (Raul Velarde)
(Signature of Trustee)DATED THIS 6 DAY OF 20 2004632 N. Alameda LCNM 88001
(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expense of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund. Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

EXPENSES (ATTACH RECEIPTS FOR ANY SINGLE ITEM OF \$25 OR MORE):

NUMBER OF DAYS SPENT ON THIS TRUST FUND ACTIVITY INCLUDING TRAVEL DAYS 4

DATE: <u>6-13-04</u>	DATE: <u>6-14-04</u>	DATE: <u>6-15-04</u>
BREAKFAST & TIP \$ <u>12.57</u> ✓	BREAKFAST & TIP \$ <u>28.16</u> ✓	BREAKFAST & TIP \$ <u>11.65</u> ✓
LUNCH & TIP \$ <u>20.87</u> ✓	LUNCH & TIP \$ <u>13.17</u> ✓	LUNCH & TIP \$ <u>27.11</u> ✓
DINNER & TIP \$ <u>3.00</u> ✓	DINNER & TIP \$ <u>3.00</u> ✓	DINNER & TIP \$ <u>3.00</u> ✓
BEVERAGES & TIP \$ <u>36.04</u> ✓	BEVERAGES & TIP \$ <u>44.33</u> ✓	BEVERAGES & TIP \$ <u>41.76</u> ✓
PORTERS—BELLMEN \$ <u>3.00</u> ✓	PORTERS—BELLMEN \$ <u>3.00</u> ✓	PORTERS—BELLMEN \$ <u>3.00</u> ✓
LIMOS-TAXIS-BUSES \$ <u>3.00</u> ✓	LIMOS-TAXIS-BUSES \$ <u>3.00</u> ✓	LIMOS-TAXIS-BUSES \$ <u>3.00</u> ✓
HOUSEKEEPER \$ <u>3.00</u> ✓	HOUSEKEEPER \$ <u>3.00</u> ✓	HOUSEKEEPER \$ <u>3.00</u> ✓
(Other) \$ <u>3.00</u> ✓	(Other) \$ <u>3.00</u> ✓	(Other) \$ <u>3.00</u> ✓
TOTAL THIS DATE \$ <u>36.04</u> ✓	TOTAL THIS DATE \$ <u>44.33</u> ✓	TOTAL THIS DATE \$ <u>41.76</u> ✓

DATE: <u>6-16-04</u>	DATE: _____
BREAKFAST & TIP \$ <u>4.99</u> ✓	BREAKFAST & TIP \$ _____
LUNCH & TIP \$ <u>7.33</u> ✓	LUNCH & TIP \$ _____
DINNER & TIP \$ <u>3.00</u> ✓	DINNER & TIP \$ _____
BEVERAGES & TIP \$ <u>3.00</u> ✓	BEVERAGES & TIP \$ _____
PORTERS—BELLMEN \$ <u>3.00</u> ✓	PORTERS—BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ <u>18.00</u> ✓	LIMOS-TAXIS-BUSES \$ _____
PACKING EL PASO AIRPORT \$ <u>18.00</u> ✓	PACKING EL PASO AIRPORT \$ _____
(Other) \$ <u>3.00</u> ✓	(Other) \$ _____
TOTAL THIS DATE \$ <u>33.32</u> ✓	TOTAL THIS DATE \$ _____

IF MORE THAN
FIVE DAYS, ATTACH
AN ADDITIONAL
VOUCHER SHEET

TOTAL OF ALL DAILY EXPENSES \$ 155.45 ✓
(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

A considerable number of funds have inquired to the International Foundation headquarters for some guidance, some "ground rules," in regard to reimbursing trustees and administrators for out-of-pocket expenses directly related to attendance at conferences, seminars, etc. As your educational arm we cannot and will not set "ground rules." We will however provide many educational opportunities for you to determine on your own what is "reasonable and prudent" for your particular trust.

All jointly administered fringe benefit funds are trust funds which, under the language of most trust agreements and general principles of trust law as well as ERISA, can be used only for the benefit programs and for reasonable expenses in connection with the administration of such programs.

The size and objectives of the funds, the pressure of ample reserves and the expenses ratio are among the variable factors which make it practically impossible to suggest hard and fast rules which should be applied in every instance. For example, a small fund with a large board of trustees does not prudently send all trustees to every educational meeting. However, a larger, well-funded trust, with a small board of trustees, may be able to send all trustees to one or more of our educational functions. Each trustee should itemize his expenses to qualify for reimbursement, and may wish to make a written report of the sessions he attended at educational meetings when he returns, for the record and/or for the benefit of other individuals who did not attend the meeting.

Member trust funds should bear these factors in mind when they make provisions for expenses for their delegates who attend the educational conferences and other meetings. Overriding is the fact that most monies are at issue, and that trustees are legally responsible to see that all expenses are justifiable, reasonable and prudent.

We are confident that each trustee will keep these thoughts in mind when contemplating policy for his particular trust.



SOUTHWEST AIRLINES[®]

TICKETLESS TRAVELSM

Nontransferable. Positive Identification Required

BRING A COPY OF THIS ITINERARY TO THE AIRPORT FOR FLIGHT CHECKIN

Receipt and Itinerary as of 05/18/04 04:17PM

Confirmation Number: H79VW4
Confirmation Date: 05/18/04

Received: RAUL

Passenger(s):
VELARDE/RAUL 526-2701392495-1

Rapid Rewards Member Number:
00001069480311

Itinerary:	Flt#	Date	Depart	Arrive
EL PASO TX/LAS VEGAS NV	2356 Q	13JUN04	08:45AM	09:25AM
X LAS VEGAS NV/RENO-TAHOE NV	644 Q	13JUN04	10:15AM	11:30AM
RENO-TAHOE NV/PHOENIX AZ	1577 H	16JUN04	02:45PM	04:30PM
X PHOENIX AZ/EL PASO TX	439 H	16JUN04	05:55PM	08:05PM

Cost:	Total for 1 Passenger(s)	AIR:	272.56
		TAX:	32.84
		PFC:	15.00
		SECURITY FEE:	10.00

		Total Fare:	\$330.40

Payment Summary:

Current payment(s):
18MAY2004 MASTERCARD xxxxxxxxxxxx5927 Ref 526-2701392495-1 330.40

Total Payments: \$330.40 ✓

Fare Rule(s):

VALID ONLY ON SOUTHWEST AIRLINES
NON REFUNDABLE / STANDBY REQ UPGRADE TO FULL Y FARE

All travel involving funds from this Confirm no. must be completed by 05/18/05

Fare Calculation:

ADT- 1 ELPWNLAS Q7NR 156.00 LASWNRNO Q7NR .00 RNOVNPXH H14NR 137.00
PHXWNELP H14NR .00 \$293.00 ZPELP LAS RNO PHX XFELP3.00 LAS3.00
RNO4.50 PHX4.50 AYELP2.50 LAS2.50 RNO2.50 PHX2.50 \$330.40

CONDITIONS OF CONTRACT

SOUTHWEST AIRLINES CO. NOTICE OF INCORPORATED TERMS — Air transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference. Incorporated terms include but are not limited to: (1) Limits on liability for loss, damage to, or delayed delivery of passenger baggage, including fragile, perishable, and certain other irreplaceable and/or high-value goods or contents, as specified in Article 75 of the Contract of Carriage. Baggage liability for covered items (except disability assistive devices) is limited to \$2,500 per fare-paying Customer unless excess valuation coverage is purchased. (2) Claims restrictions, including timeperiods in which Customers must file a claim or bring an action against Southwest. (3) Our rights to change terms of the Contract. (4) Rules on reservations, checkin times, refusal to carry, and smoking. (5) Our rights and limits of liability for delay or failure to perform service, including schedule changes, substitution of alternate air carriers or aircraft, and rerouting. (6) Overbooking: If we deny you boarding due to an oversale and you have obtained your boarding pass and presented yourself in the departure gate area at least ten minutes before scheduled departure, with few exceptions, we compensate you. You may inspect Southwest's Contract of Carriage and Customer Service Commitment at any Southwest ticket counter or online at southwest.com, or obtain a copy by sending a request to: Southwest Airlines, V.P. Customer Relations, PO Box 36647, Dallas, TX 75235-1647.

TEN-MINUTE RULE — Passengers who do not obtain a boarding pass and present themselves in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space canceled and will not be eligible for denied boarding compensation.

REFUND AND EXCHANGES—Any change to this itinerary may result in a fare increase. Unless otherwise noted, if you do not travel on this itinerary, you may qualify for a refund or exchange. To apply for a refund, please call 1-800-1-FLY-SWA. Written requests should include a copy of this document and be addressed to: Southwest Airlines Refund Department 6RF, PO Box 36649, Dallas, TX 75235-1649

TRUSTEE EXPENSE VOUCHER

New Mexico & West Texas Multi-Craft

(Name of Trust Fund(s))

HEALTH AND WELFARE TRUST FUND

RECEIVED OCT 21 2004

IS VOUCHER IS FOR:

EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT Union Savings Bank 10/6/04

(Location)

(Date(s))

EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT _____ (Location)

ON _____ SPONSORED BY _____ (Meeting Sponsor)

(Session Date(s))

OTHER: _____ (Describe Reason for Incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE 10/6/04 DATE OF RETURN 10/6/04☐ PRIVATE AUTOMOBILE _____ MILES AT _____ PER MILE \$ _____☒ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \$ 115.20☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ _____

HOTEL OR MOTEL:

☐ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ _____

MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \$ _____

DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ _____TOTAL EXPENSES \$ 115.20

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 115.20

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ _____

EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. \$ — 0 —

OR

☒ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT \$ 115.20

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS 7 DAY OF OCT 2004Raul Velarde

(Signature of Trustee)

632 N. ALMOROSA LCNM 88001

(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

F

DAILY EXPENSES (ATTACH RECEIPTS FOR ANY SINGLE ITEM OF \$25 OR MORE):

NUMBER OF DAYS SPENT ON THIS TRUST FUND ACTIVITY INCLUDING TRAVEL DAYS 1

DATE: <u>10/6/09</u>	DATE: _____	DATE: _____
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____	LUNCH & TIP \$ _____
DINNER & TIP \$ _____	DINNER & TIP \$ _____	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ _____	LIMOS-TAXIS-BUSES \$ _____	LIMOS-TAXIS-BUSES \$ _____
<u>TOTAL FARE</u> \$ <u>115.20</u>	\$ _____	\$ _____
(Other)	(Other)	(Other)
TOTAL THIS DATE \$ <u>115.20</u>	TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____

DATE: _____	DATE: _____	
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____	
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____	
DINNER & TIP \$ _____	DINNER & TIP \$ _____	
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____	IF MORE THAN
PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____	FIVE DAYS, ATTACH
LIMOS-TAXIS-BUSES \$ _____	LIMOS-TAXIS-BUSES \$ _____	AN ADDITIONAL
\$ _____	\$ _____	VOUCHER SHEET
(Other)	(Other)	
TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____	

TOTAL OF ALL DAILY EXPENSES \$ 115.20
(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

SOUTHWEST AIRLINES TICKET

A considerable number of funds have inquired to the International Foundation headquarters for some guidance, some "ground rules," in regard to reimbursing trustees and administrators for out-of-pocket expenses directly related to attendance at conferences, seminars, etc. As your educational we cannot and will not set "ground rules." We will however provide many educational opportunities for you to determine on your own what is reasonable and prudent for your particular trust.

All jointly administered fringe benefit funds are trust funds which, under the language of most trust agreements and general principles of trust law as ERISA, can be used only for the benefit programs and for reasonable expenses in connection with the administration of such programs.

The size and objectives of the funds, the pressure of ample reserves and the expenses ratio are among the variable factors which make it practically impossible to suggest hard and fast rules which should be applied in every instance. For example, a small fund with a large board of trustees does not usually send all trustees to every educational meeting. However, a larger, well-funded trust, with a small board of trustees, may be able to send all trustees to one or more of our educational functions. Each trustee should itemize his expenses to qualify for reimbursement, and may wish to make a written report of the sessions he attended at educational meetings when he returns, for the record and/or for the benefit of other individuals who did not attend the meeting.

Remember trust funds should bear these factors in mind when they make provisions for expenses for their delegates who attend the educational conferences and other meetings. Overriding is the fact that most monies are at issue, and that trustees are legally responsible to see that all expenses are justifiable, reasonable and prudent.

We are confident that each trustee will keep these thoughts in mind when contemplating policy for his particular trust.



ORDE / RAUL
R: RNQA73
CT 06
0 ALBUQUERQUE NM
to EL PASO TX

0001069480311

A

RETAIN RECEIPT FOR FLIGHT

SOUTHWEST AIRLINES®
TICKETLESS TRAVELSM

Nontransferable. Positive Identification Required

: A COPY OF THIS ITINERARY TO THE AIRPORT FOR FLIGHT CHECKIN

Receipt and Itinerary as of 09/15/04 08:40AM

Number: RNQA73
Date: 09/15/04

Received: RAUL

IL 526-2720070552-0

Rapid Rewards Member Number:
00001069480311

	Flt#	Date	Depart	Arrive
ALBUQUERQUE NM	297 H	06OCT04	07:25AM	08:15AM
EL NM/EL PASO TX	410 H	06OCT04	06:30PM	07:20PM

Cost:	Total for 1 Passenger(s)	AIR:	91.16
		TAX:	13.04
		PFC:	6.00
		SECURITY FEE:	5.00
		Total Fare:	\$115.20

Payment Summary:

Current payment(s):

15SEP2004 MASTERCARD xxxxxxxxxxxxx5927 Ref 526-2720070552-0 115.20

Total Payments: \$115.20

Fare Rule(s):

VALID ONLY ON SOUTHWEST AIRLINES

NON REFUNDABLE / STANDBY REQ UPGRADE TO FULL Y FARE

All travel involving funds from this Confirm no. must be completed by 09/15/05

Fare Calculation:

ADT- 1 ELPWNABQ H14NR 49.00 ABQWNEP H14NR 49.00 \$98.00
ZPELP ABQ XFELP3.00 ABQ3.00 AYELP2.50 ABQ2.50 \$115.20

CONDITIONS OF CONTRACT

SOUTHWEST AIRLINES CO. NOTICE OF INCORPORATED TERMS — Air transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference. Incorporated terms include but are not limited to: (1) Limits on liability for loss, damage to, or delayed delivery of passenger baggage, including fragile, perishable, and certain other irreplaceable and/or high-value goods or contents, as specified in Article 75 of the Contract of Carriage. Baggage liability for covered items (except disability assistive devices) is limited to \$2,500 per fare-paying Customer unless excess valuation coverage is purchased. (2) Claims restrictions, including timeperiods in which Customers must file a claim or bring an action against Southwest. (3) Our rights to change terms of the Contract. (4) Rules on reservations, checkin times, refusal to carry, and smoking. (5) Our rights and limits of liability for delay or failure to perform service, including schedule changes, substitution of alternate air carriers or aircraft, and rerouting. (6) Overbooking: If we deny you boarding due to an oversale and you have obtained your boarding pass and are present and available for boarding in the departure gate area at least ten minutes before scheduled departure, with few exceptions, we compensate you. You may inspect Southwest's Contract of Carriage and Customer Service Commitment at any Southwest ticket counter or online at southwest.com, or obtain a copy by sending a request to: Southwest Airlines, V.P. Customer Relations, PO Box 36647, Dallas, TX 75235-1647.

TEN-MINUTE RULE — Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for denied boarding compensation.

REFUND AND EXCHANGES—Any change to this itinerary may result in a fare increase. Unless otherwise noted, if you do not travel on this itinerary, you may qualify for a refund or exchange. To apply for a refund, please call 1-800-I-FLY-SWA. Written requests should include a copy of this document and be addressed to: Southwest Airlines Refund Department 6RF, PO Box 36649, Dallas, TX 75235-1649

NEW MEXICO & WEST TEXAS MULTI-CRAFT
HEALTH AND WELFARE PRIMARY ACCOUNT

P.O. BOX 11399, ALBUQUERQUE, NEW MEXICO 87192 • (505) 262-1921

95-8877
3070

NO

07588

UNION SAVINGS BANK

P.O. BOX 97000

ALBUQUERQUE, NM 87199-7000

Nov 4 04

VOID AFTER SIX MONTHS OF ISSUE

PAY THE AMOUNT OF

***** One Hundred Fifteen and 20/100 *****

*****\$115.20*

TO THE ORDER OF

RAUL VELARDE

⑈0007588⑈ ⑆307088770⑆001⑈000296 ⑆⑈

Security Printers Inc. 500-73-277

MULTICRAFT HEALTH & WELFARE

VENDOR# VENDOR NAME
VELRAU RAUL VELARDE

CHECK DATE CHECK#
Nov 4 04 07588

REFERENCE	INVOICE#	DESCRIPTION	DATE	AMOUNT
	10/07/04	AIRFARE REIMB	Nov 4 04	115.20

TOTAL

115.20

IN ACCORDANCE WITH ERISA, YOU MAY APPEAL TO THE ADMINISTRATOR FOR RECONSIDERATION OF ANY DENIED PORTION OF THIS CLAIM WITHIN SIXTY (60) DAYS. WRITE TO THE ADMINISTRATION OFFICE (ADDRESS ABOVE) STATING THE REASON YOU BELIEVE YOUR CLAIM SHOULD BE PAID, ATTACHING ANY DOCUMENTATION TO SUPPORT YOUR APPEAL. THE ADMINISTRATION WILL CONSIDER YOUR APPEAL AND RESPOND WITHIN SIXTY (60) DAYS FROM THE DATE YOUR APPEAL WAS RECEIVED (OR WITHIN 120 DAYS UNDER SPECIAL CIRCUMSTANCES).

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